

**Instructions for the completion of
Indiana Request for a Child Protection Services (CPS) History Check, State Form
52802 (R4 / 1-11) / CW 2128**

The request is not considered accepted by Indiana Department of Child Services (DCS) until all information is completed and correct. Forms will be returned for corrections when any of the below instructions are not followed or the request is not on the appropriate form. All questions in Section A and Section B must be completed. **It is preferable that the information is typed in capital letters although it will be accepted if printed in capital letters, except for the actually release signature in #9.**

As this is a fillable and savable PDF form, information that will remain the same on all requests can be saved into the “template” such as questions 3 – 8. Questions # 3 - # 8 must be typed. The “template” can be opened for each new applicant and their specific information typed into the form and saved by the applicant’s name. This will be your copy in case corrections are necessary in the future or the next time the search must be completed the form can be reviewed with the applicant for changes since the last request was made.

Indiana does not complete CPS request on foster children under the supervision of DCS or those children who are pre adoptive placements, when the CPS check is being completed for the purpose of that child's adoption.

Note: If for any reason a search period includes years prior to 1998, do not send the request to Central Office Background Check Unit. Send the completed request to the appropriate local DCS office by mail or fax. To obtain the local office contact information go to www.in.gov/dcs/ and click on “Contact Us” on the left side of the page and click on “Local”.

If there are search periods before and after 1998, the local office that you make the request for periods prior to 1998 will also do a Statewide electronic ICWIS search for all dates 1998 to present at the same time.

[illegible]

If all periods of search are after 1998, the request can be completed by any local DCS office within the state or DCS Central Office Background check unit. Request may be mailed or faxed. If the request is being sent to the Central Office Background Check unit the request may also be scanned and e-mailed.

Central Office Background Check unit would prefer the request be scanned and e-mailed to background.checkunit@dcs.in.gov. If necessary the request may be faxed to 317-234-4633 or mailed to Indiana Department of Child Services, COBCU, 302 W Washington St, Rm. E306, MS 08, Indianapolis, IN 46204.

If request is sent to Central Office Background Check Unit, the requesting organization will receive the completed results or returned request for corrections within 10 working days by fax or e-mail. Do not send duplicate request. After 10 working days, please call 317-234-5001 or e-mail us at background.checkunit@dcs.in.gov if you have not received completed results or if you have not received the form back for corrections. If the request is sent to the local office for completion, please contact that individual county local DCS office for the status of the results.

If you have any questions, please e-mail them to background.checkunit@dcs.in.gov

Section A- Complete All Capital Letters

This section is to be completed by the **Requesting Organization** about the applicant. **Do not have the applicant complete section A.** If this search is being completed by an Indiana local DCS office for placement of an Indiana child, the local DCS office is the requesting agency.

- **Question 1**-Provide the **applicant's** full legal first, full legal middle and full legal last name as it appears on an official document. If no middle name or initial given at birth indicate "no middle"
- **Question 2**- Mark the appropriate box or boxes for the reason(s) the applicant is having this CPS check completed at this time. Mark all boxes that apply to the applicant at this time.

Foster Care-Is the applicant living in a home that is applying to be a licensed foster family home or is the home being relicensed as a foster family home?

Adoption-Is the applicant living in a home that is having a homestudy completed for the purpose of adoption or finalizing an adoption?

Employment-Is the applicant applying to work or working for an organization and the completion of a CPS search is required?

Volunteer-Is the applicant volunteering for an organization and the completion of a CPS search is required?

Unlicensed Relative Placement-Is the applicant living in a household that is being considered as a placement option for a child under DCS (or other state welfare agency) supervision?

Other-If none of the above applies, mark "Other" **and** complete the blank to explain the purpose of the check.

- **Question 3**-Mark the appropriate box indicating the type of organization that is requesting this CPS request. Also, complete the corresponding blank with the requesting organization's name.
- **Question 4**- Enter the contact person name within the requesting organization. This is the person that any returns, questions and/or completed results will be addressed.
- **Question 5**- Enter the phone number (include area code) of the person indicated in question 4.
- **Question 6**-Enter the fax number (include area code) to return the completed request. This fax number provided should be available 24/7 as these requests may be returned at any time and not necessarily during the requestor's business hours.
- **Question 7**-Enter the complete mailing address of the requesting organization.
- **Question 8**-Enter the e-mail address of the person listed in question 4.

Section B-Complete in all Capital Letters

NOTE: *In limited situations where the applicant is not seen in an office environment it will be acceptable to print neatly in blue or black ink and in all capital letters.*

This is to be completed by the applicant or the representative (parent/guardian) if the applicant is a minor.

- **Question 9-** The applicant should sign their legal name or if a minor applicant the representative should sign
- **Question 10-** Enter the relationship of the signor in question 9 to the subject of the check. Do not leave blank. If the applicant is completing on him or herself, answer “SELF”. If the applicant is a minor, examples of representative relationship to applicant would be “mother”, “father” or “uncle”
- **Question 11-** Enter the date the applicant or applicant’s representative signed the form. Note: The check can only be completed for 60 days after this date.
- **Question 12-** Mark the appropriate box for the applicant’s gender.
- **Question 13-** Type or Print name **EXACTLY** as signed in Question 9 above including middle initials or name if used in or not used in #9.
- **Question 14-** Enter the applicant’s date of birth
- **Question 15-** Enter the applicant’s race
- **Question 16-** Enter the applicant’s current residential address, include city, state and zip code.
- **Question 17-** Enter the last four numbers of the applicant’s Social Security number. If the applicant has applied for this number but has not yet received, enter “pending” in the blank. If the applicant does not have a social security number for any other reason, provide an explanation of why in this space. In addition, if the applicant has ever had a different social security number at any time or under any other name, also provide that number here.
- **Question 18-** Provide the **name of each Indiana county(ies)** that the applicant lived beginning with the current or most recent county. Provide the year residency in that county began and end with the word “Current” if still living in Indiana at the time of completion. Note the first blank is an example-do not use and start with 18a. Continue to list in descending order to the oldest in 18b through 18e. For each county **provide a beginning and ending year** of residency within that individual county. If an applicant has resided in the same Indiana county the entire period, provide the county name and the begin year and indicate the end as “current” or “present”. Attach additional sheet of paper if more space is needed.

NOTE: When the applicant has a permanent residential address and a school address within two separate Indiana Counties during the same years, please indicate one as “home” and the second as “school”. This type of explanation is also necessary when any other type of permanent and/or temporary addresses exist.

If the applicant has never resided in Indiana, indicate “Never lived in Indiana”.

- **Question 19-** Has the applicant ever, at any time during his/her lifetime, used a different first, middle and/or last name or combinations of those names than indicated in Question 1 at the top of the form. This will include names prior to an adoption, maiden names, previous married names, nick names, shortened first names or use of middle name as commonly used first name, or change in middle name due to using maiden name as middle name after marriage or a combination of any of the above. If the answer is NO, please stop and do not complete 19a – 19 e. If the answer is YES, complete 19a – 19e. Attach additional page if necessary.

The requesting organization shall retain the original for their file and submit a copy to the appropriate DCS location(s) for completion.

Section C-

This section is to be completed by Indiana Department of Child Services personnel only.

- **Question 20-**If the reason for the search is indicated to be employment or volunteer in question 2 above or the applicant is a minor, mark the N/A box and move to question 21 otherwise complete question 20.

Do a statewide resource search within ICWIS. Indicate whether the applicant has ever applied for licensure or been licensed as a foster parent within Indiana. Record results in question 20. If no, proceed to question 21

If yes, proceed and answer the remainder of question 20 by doing a statewide search to determine if the foster care license has ever been denied, closed (including transfer) or revoked. If the answer is yes, notate whether it was denied, closed or revoked, the date of the action, and the dates of licensure in the blank provided.

- **Question 21-** For searches in years 1998 to current, do an ICWIS statewide search of this applicant, checking every alias listed on request form. Complete an investigation of all parties with name matches, even those without DOB and SS#. If the person has a name match and is a perpetrator on the assessment, investigate further using the information within the assessment and information provided on the request form to determine if this is the same person and if the assessment resulted in a substantiation of abuse or neglect. If yes, mark the box; provide the month/year the assessment was approved, the type of abuse or neglect (sexual abuse, physical abuse or neglect) and the local office and phone number that completed the assessment.
- **Question 22-**If only an ICWIS statewide search is completed that covers the years 1998 through the present date, do nothing. If paper records in a local office were searched in addition to the statewide ICWIS search, mark the box indicating this and enter the county name that the local office records were located that were included in the search.
- **Question 23-**The Indiana DCS staff person completing Section C will sign their name
- **Question 24-**The person completing the search will enter their job title.
- **Question 25-**The person completing the search will enter the date completed.
- **Question 26-**The person who signed in question 23 will print their name exactly as signed.
- **Question 27-**Designate the assigned office location of the person signing in question 23 either by entering the county name in the appropriate blank or circling "Central Office Background Check Unit".